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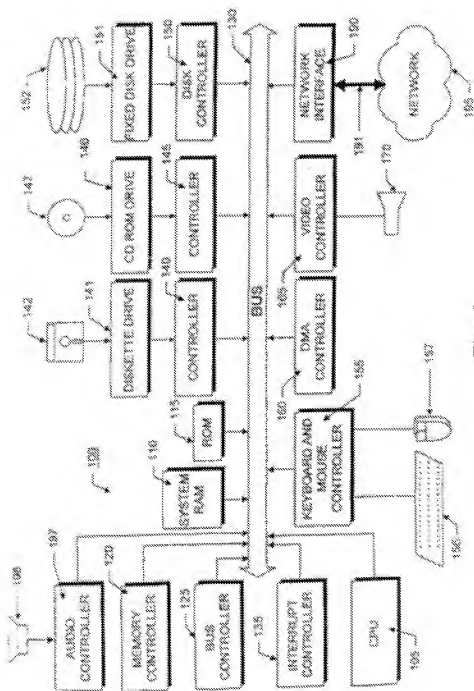


Fig. 1  
(PRIOR ART)

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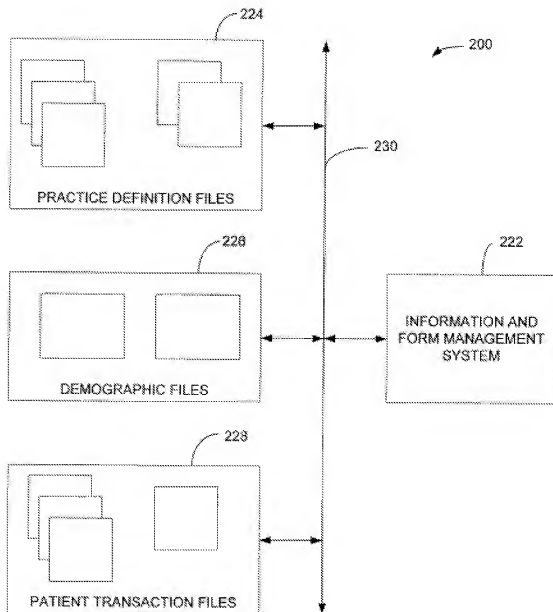


Fig. 2

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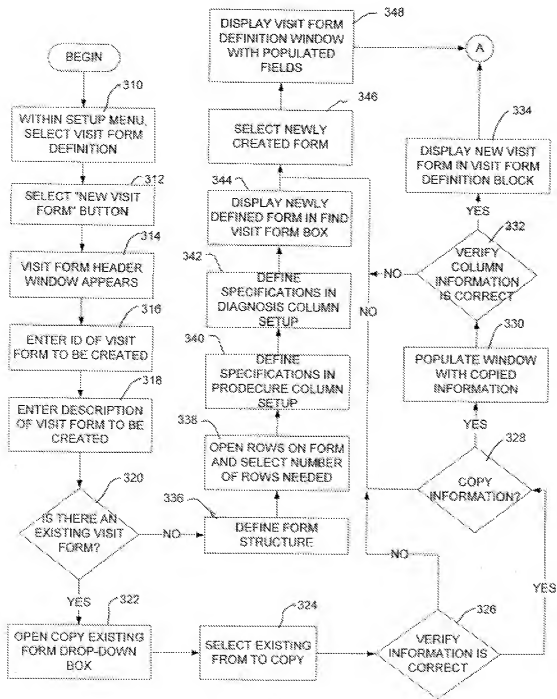


Fig. 3A

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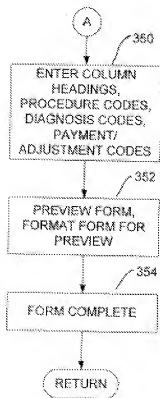


Fig. 3B

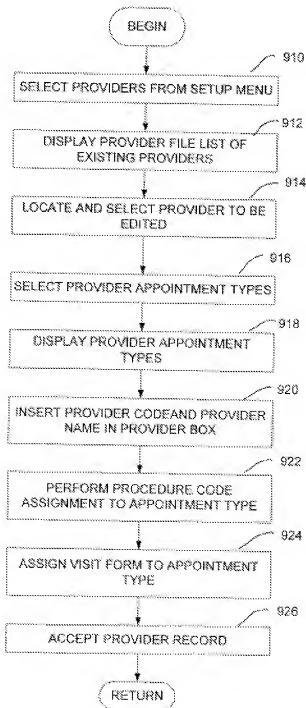


Fig. 9

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Fig. 4A

Fig. 4B

Title: METHOD AND SYSTEM FOR RECORDING AND MAINTAINING PATIENT HISTORY DATA  
AS WELL AS GENERATING CONCURRENT BILLING RECORDS

Inventor: Dale Sandberg

Docket No.: 3855.29

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**Visit Form Header**

Visit Form ID: BLD Status: Unlocked

Description: Sample Visit Form (2)

Copy Existing Form: BLD - Sample Form - Unlocked

Buttons: OK, Cancel, Delete, Lock Form

**Procedure Column Setup**

Column	Width	Column Heading	Align	Fill
1	2.50	Description	L	D
2	0.70	Code	L	C
3	0.70	Amount	R	A
4				
5				

**Diagnostic Column Setup**

Column	Width	Column Heading	Align	Fill
1	2.50	Description	L	D
2	0.70	Code	L	C
3	0.20	Flag	L	F

Rows in Form: 112  
Max Col: 3.55  
Selected Col Width:

Fig. 4C

**Visit Form Definition**

Visit Form ID: BLD Status: Unlocked

Description: Sample Visit Form (2)

File Type: BLD - Sample Form

Buttons: OK, Cancel, Add/Modify, Delete Row, Clear Selection, Refresh, New Visit Form, Visit Form Help, Form Preview, Move Row Up, Move Row Down

Row	Code	Description	File Type
1		BLD - Sample Form	
2		BLD - Sample Visit Form (2)	
3		RWL - Robert Louder Form	
4		VST - Visit Form	

Row Size: Total Rows: 112, Columns: 2, Rows Per Col: 56

Fig. 5

Inventor: Dale Sandberg  
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516 518 510

Visit Form Definition

Visit Form ID Description Status Find Visit Form

DMF Donald Ford Visit Form Unlocked

Row	Code	Description	History	File Types
1				
2				
3				
4				
5				
6				
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8				
9				
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11				
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134				

**Fig. 6**

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Provider Setup
OK

Code	Name	City	State	ZIP	Code	Form	Type
DMF	Joe Q. Doe	Anytown	AD	54321			
DOV	Joe Q. Doe	Anytown	AD	54321			
LAB	ABC Laboratory	Anytown	AD	54321			
NUR	Nurse Joe Q. Doe						
RWC	Robert W. Smith	Anytown	AD	55321			
111	Linda M. Brown	Anytown	AD	55321			

Add/Update
Delete
Clear
Refresh
Add Info
Print Types

Code
Name
City
State
ZIP
Code
Form
Notes

LAB
Robert W. Smith
Anytown
AD
55321
RWC
OD

1234 Skyway Dr.
Provider Type
S-On Staff
555-444-2908

**Fig. 7**

## Title: METHOD AND SYSTEM FOR RECORDING AND MAINTAINING PATIENT HISTORY DATA AS WELL AS GENERATING CONCURRENT BILLING RECORDS

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Provider	Appointment Type	Procedure	Description	Visit Form	Description
CL	Complete Eye Exam	99211	Office Visit Level 1 Established Patient	CL	Selected Visit Form
EX	Exam w/refraction	99211	Office Visit Level 1 Established Patient		
PO	Post-Op	56984	CAT Post Op		
VF	Visual Field	92082	Visual Field Intermediate		

**Fig. 8**

1112

- 1110

Business Functions				Insurance		May 1999		Buttons					
From	05/03/1999	Provider		Comp		Sun	Mon	Tue	Wed	Thurs	Fri	Sat	Run
To	05/03/1999	Facility		Emp		2	3	4	5	6	7	8	Print Preview
<input checked="" type="checkbox"/> Process All Displayed <input checked="" type="checkbox"/> Display Patients Not Seen <input checked="" type="checkbox"/> Display Patients Seen <input type="checkbox"/> Display Seen Not Posted <input type="checkbox"/> Display Not Show Patients				<input type="checkbox"/> Pay Pct Pct Us Pct Pct <input type="checkbox"/> Insurance <input type="checkbox"/> Duplicate Insurance <input type="checkbox"/> Process Life Support <input type="checkbox"/> Include Life Support <input type="checkbox"/> Life Deaths Only <input type="checkbox"/> Family Plans <input type="checkbox"/> Secondary Plans		<input type="checkbox"/> Materials Std <input type="checkbox"/> Patient Ins Std		<input type="button" value="Select/Refresh"/> <input type="button" value="Registration"/> <input type="button" value="View Detail"/> <input type="button" value="Reset Ins Std"/>					
<input type="checkbox"/> PBM Vcl Forms <input type="checkbox"/> PBM Reg Focus <input type="checkbox"/> Print Ins Forms <input type="checkbox"/> Print Schedule Roster				<input type="checkbox"/> Post From Vcl Forms <input type="checkbox"/> Play Patients as Seen <input type="checkbox"/> Play Patients as Not Show <input type="checkbox"/> Create Patient Pct Us									

Date	Provider	Time	SSM/Pct Us	Last Name	First Name	Phone	Visit No	File	App	Status
05/03/1999	RWC	09:00 AM	17/24/2001	Anderson	Sharon	555-444-1111	91	02	OK	
05/03/1999	RWC	05:30 AM	35/24/2022	Johnson	Jellynn	555-444-2121	87	02	OK	
05/03/1999	RWC	10:00 AM	1000	Galtin	Michael	995-444-2120	86	02	OK	
05/03/1999	RWC	10:30 AM	20/84/2001	Hookins	David	555-444-3829	94	02	OK	
05/03/1999	RWC	11:00 AM	55/22/2048	Johnson	John	555-444-4767	87	02	OK	
05/03/1999	RWC	01:00 PM	33/33/2829	Shanley	Adam	555-444-0850	50	02	OK	Pat Seen I Trans Post
05/03/1999	RWC	01:30 PM	33/60/2669	Stanley	Heather	555-444-0950	50	02	OK	
05/03/1999	RWC	02:00 PM	1916	England	Arthur	555-444-5739	80	02	OK	
05/03/1999	RWC	03:00 PM	1015	Donatoni	Eric	555-444-0328	80	02	OK	

**Fig. 11**



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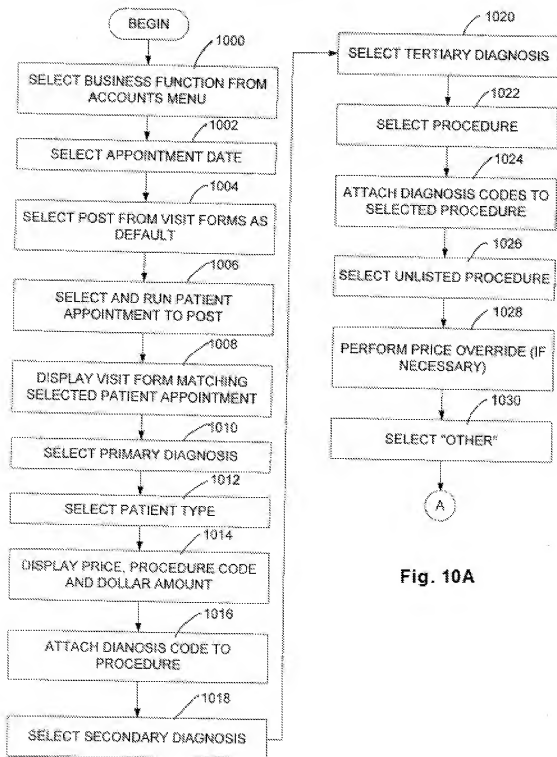


Fig. 10A

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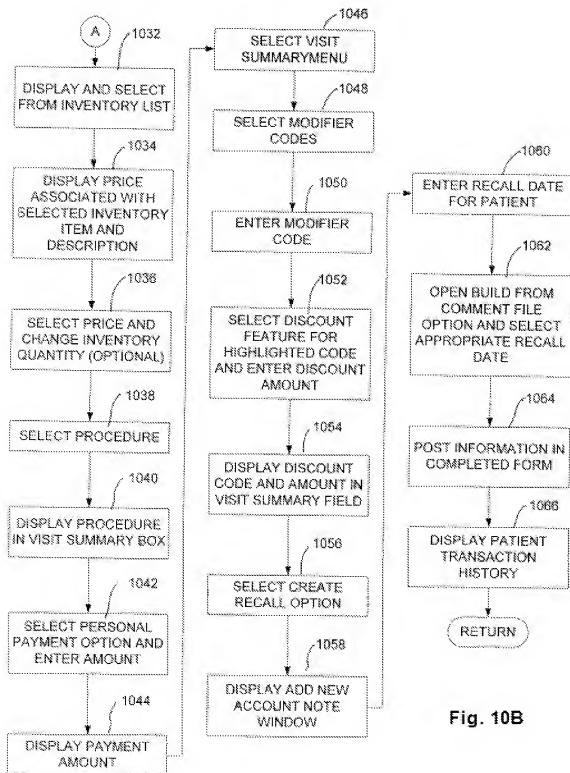


Fig. 10B

**Title: METHOD AND SYSTEM FOR RECORDING AND MAINTAINING PATIENT HISTORY DATA  
AS WELL AS GENERATING CONCURRENT BILLING RECORDS**

Inventor: Dale Sandberg  
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Visit Form Entry				Visit # 81	
<b>Appointment Date</b> 05-03-1999		<b>Appointment Time</b> 09:00		<b>Account Number</b> 1000	
<b>Referral From / SBN</b> Andersson, Susan		<b>Gender</b> F		<b>Date of Birth / Age</b> 07-23-1977	
<b>Address</b> 1234 Miller Rd Anytown, PA 55555		<b>Insurance Company</b> BCBSI		<b>Provider</b> Robert W. Conter	
				<b>Home Phone</b> 868-111-4444	
				<b>Work Phone</b> 868-111-4444	
				<b>Account Balance (prior to visit)</b> 3,660.50	

EVALUATION AND MANAGEMENT SERVICES		MEDICAL DIAGNOSIS/TREATMENT		RVC	
<b>New Patient</b>					
Office Visit Level 1 - New Patient	95210	Foreign Body Removal (superficial)		65205	
Office Visit Level 2 - New Patient	95203	Conjunctival Foreign Body Removal		65210	
Office Visit Level 3 - New Patient	95203	Corneal Foreign Body Removal (w/o slit lamp)		65220	
Office Visit Level 4 - New Patient	95204	Corneal Foreign Body Removal (w/ slit lamp)		65222	
Office Visit Level 5 - New Patient	95205	Scraping of cornea for culture		65430	
Intermediate Exam - New Patient	92002	Removal of corneal epithelium/debridement, curettage		65435	
Comprehensive Exam - New Patient	92004	With application of chelating agent		65456	
Refraction - New Patient	92015	Correction of Trachoma, Epithelial		67820	
		Closure of Lacrimal Puncture by Plug		65781	
		Dilation of Lacrimal Puncture		68800	
<b>Established Patient</b>					
Office Visit Level 1 - Established Patient	95211	Probing of Nasolacrimal Duct		68920	
Office Visit Level 2 - Established Patient	95212	Probing of Lacrimal Canaliculus		68940	
Office Visit Level 3 - Established Patient	95213	Unilateral Procedure, lacrimal system		68960	
Office Visit Level 4 - Established Patient	95214	Glaucoma screening		62948	
Office Visit Level 5 - Established Patient	95215	Culture, Bacterial, Definitive, Blooding		67940	
Intermediate Exam - Est. Patient	92012	Culture or direct Bacterial Identification Method		67972	
Comprehensive Exam - Est. Patient	92014	Culture, Bacterial, any source, Anaerobic		67978	
RR Post Op	96024	Culture, Fungi, Def. ID of each Fungus		67101	
CAT Post Op	96984	Smear, Primary Source		63255	
<b>CONTACT LENS SERVICES</b>					
<b>Special Ophthalmologic Services</b>		Fitting/Contact Lens, Material/Disease		92070	
Corneal Topography	92020	CL Diagnosis/Adaptation		92310	
Visual Field Limited	92081	Aphakia (one eye)		92311	
Serial Tonometry	92103	Aphakia (bwo eyes)		92312	
Ophthalmoscopy Ext.	92125	Modification/clean and Polish		92326	
Ophthalmoscopy, Sub. Ext.	92226	OTHER - Contact Lens Materials		CL	
Fundus Photography	92260				
Ophthalmoscopy/tonometry	92263	<b>GLASSES SERVICES</b>			
External Ocular Photography	92285	Frame Services		FRAME	
		Ophthalmic Lens Treatment		LENS	
<b>DIAGNOSIS</b>					
Aspiration (regular)	367.21	Allergic conjunctivitis		372.14	
Aspiration (irregular)	367.22	Foreign Body - Conjunctiva		930.10	
Hyperopia	367.0	Hemorrhage subconjunctival		372.72	
Malignancy	165.2	Corneal abrasion		916.1	
Myopia	367.1	Black eye		921.0	
Presbyopia	367.4	Blepharitis		373.00	
Squint of accommodation	367.53	Cheraton		373.2	
Suppression	368.31	Allergic dermatitis		373.32	
Transient change	367.81	Lid Lesion		373.5	
Anisokonia	367.32	Eye pain		378.81	
		Macular degeneration		362.59	
Albinism	270.2	Peripheral degeneration		362.60	
Amblyopia	308.00	Retinal hole		361.31	
Arteriosclerosis	440.0	Hemorrhage		378.23	
Atherosclerosis (ophthalmic)	369.13	Vitreous Flashes		378.24	
Blepharitis	391.0				
Burn of eye and adnexa	840.8	Patient Co-Pay		CORAV	
Color deficiencies	368.5	Personal Payment - Cash		APCA	
Covergence insufficiency	378.83	Personal Payment - Check		PFCK	
Diabetes history	250	Discount		DISC	
Diplopia	398.2				
Dryness	780.4				

**Fig. 12**

Title: METHOD AND SYSTEM FOR RECORDING AND MAINTAINING PATIENT HISTORY DATA  
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Category Code: CL

Cancel OK

V25211 - Contact Lenses Soft Tonic Disposable 6.50 1 22.00

S123 - Soft Contact Lenses  
 S124 - Hard Contact Lenses  
 V2510 - Contact Lens 02  
 V2510B1 - Contact Lenses Bifocal 02  
 V2511 - Contact Lens Soft Tonic 02  
 V2520 - Contact Lenses Soft  
 V25201 - Contact Lenses Soft Disposable  
 V2520B1 - Contact Lenses Soft Bifocal  
 V2521 - Contact Lenses Soft Tonic

ing 67040  
 sion Method 67072  
 periodic 67075  
 gus 67101  
 67205

LENS SERVICES

V25211 - Contact Lenses Soft Tonic Disposable 92070  
 CL Diagnosis/Adaption 92310  
 Aphakia (one eye) 92311  
 Aphakia (two eyes) 92312  
 Modification/Clean and Polish 92325  
 OTHER - Contact Lens Materials CL

1210

Fig. 13

Add New Account Note

Account Number 1000 Add Note

Account Name Anderson, Jeremy

Patient Number 374992031 | Susan

Follow Up Date

Select Note Type Code R - Recalls

Provider Code RWC - Robert W. Coulter

Contact Name

Build From Comment File

Note

1410

Fig. 14

## Title: METHOD AND SYSTEM FOR RECORDING AND MAINTAINING PATIENT HISTORY DATA AS WELL AS GENERATING CONCURRENT BILLING RECORDS

Inventor: Dale Sandberg

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[illegible]

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06/17/1999		Eye Care Clinic					Page 1	
Transaction History For Account 1000 (Anderson, Jeremy) from 7-1999								
Period	TranDate	Patient Name	Type	Code Description	Amount	Qty	Visit	Batch
8-1999	08/17/1999	Anderson, Susan	C	99214 Office Visit Level 4-Est Patient	60.00	0	167	VT
8-1999	08/17/1999	Anderson, Susan	A	BCWO BlueCross/Blue Shield Write-off	-10.00	0	167	VT ADJ
8-1999	08/17/1999	Anderson, Susan	C	65205 Foreign Body Removal	80.00	0	167	VT
8-1999	08/17/1999	Anderson, Susan	A	BCWO BlueCross/Blue Shield Write-off	-40.00	0	167	VT ADJ
8-1999	08/17/1999	Anderson, Susan	C	66899 Unilateral Procedure, lacrimal sys	22.00	0	167	VT
8-1999	08/17/1999	Anderson, Susan	C	V2020 Contact Lens Materials	20.00	0	167	VT
8-1999	08/17/1999	Anderson, Susan	P	PPCK Personal Payment/Check	-50.00	0	167	VT
8-1999	08/17/1999	Anderson, Susan	C	TAX Sales Tax	1.25	0	167	VT ADJ
8-1999	08/17/1999	Anderson, Susan	A	DISC Discount	-2.00	0	167	VT
Subtotal for this Period					91.25 **			
Current Account Total Due					3,751.75 ***			

Fig. 16